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## Association Officers (Form SO-04)

Association Name:

Date of meeting of the election of officers:

### Association Chairman

First Name  Last Name

Address  City

Postal Code  Tel. (Home)  Tel. (CP)

E-mail  **Membership**

### Association Secretary

First Name  Last Name

Address  City

Postal Code  Tel. (Home)  Tel. (CP)

E-mail  **Membership**

### Association Treasurer

First Name  Last Name

Address  City

Postal Code  Tel. (Home)  Tel. (CP)

E-mail  **Membership**

### Association Chaplain

First Name  Last Name

Address  City

Postal Code  Tel. (Home)  Tel. (CP)

E-mail  **Membership**

**SAVE**

**PRINT**

**RESET**

#### STEPS

1. Download the form
2. Open the form with Adobe Acrobat
3. Fill up the form and SAVE it to your desktop
4. E-mail the form to stateoffice@ontariokofc.ca  
cc statesecretary@ontariokofc.ca  
or PRINT the form and send it to the State Office